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Utah Health and Safety Training for Early Childhood Providers-Revised March 2002 Modified Modules to accomodate four 2.5 hour classes-Participant Handbook-July 2003

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Health and Safety in the Early Childhood Program

Modified Module 3

Controlling the Spread of Disease, Food Safety, Nutrition, and Promoting Infant and Toddler Emotional Well-Being



LESSON PLAN

Desired Outcomes: (Objectives)

- 1. Teach and promote proper nutrition.
- 2. Understand how and when it is appropriate for new foods to be introduced to infants and toddlers.
- 3. Become familiar with ways to promote a feeling of well-being in infants, toddlers and young children.
- 4. Identify three ways to keep foods safe.
- 5. Teach and promote proper nutrition.
- 6. Understand the importance of infant nutrition in growth and development.
- 7. Utilize guidelines to determine ages for introducing new foods.
- 8. Utilize suggestions for types of foods appropriate age groups.
- 9. Understand how and when it is appropriate for new foods to be introduced to infants and toddlers.
- 10. Understand the role environment plays in infant and toddler nutrition.
- 11. Be familiar with nutritional considerations of children with special health care needs.
- 12. Become familiar with ways to promote a feeling of well-being in infants, toddlers and young children.
- 13. Understand indicators of emotional well-being in families.
- 14. Identify four needs of very young children.

Five Ways to Prevent Illnesses

- 1) Prevent the Spread of Germs
- 2) Require Immunizations to be up-to-date before admission to your program. To determine if a child is eligible to enter your program:
- 3) Exclude ill children/staff or parents to prevent the spread of germs.
- 4) Report illnesses to parents and to local health departments.
- 5) Be Prepared!!

Hand Washing

Rubbing your hands together with soap and warm water reduces the spread of germs from one person to another. Handwashing is one of the most important means of preventing the spread of infection, according to the CDC (Centers for Disease Control and Prevention). If you wash your hands correctly, you will greatly reduce the likelihood of passing germs from person to person or the things you touch. Disease-causing germs enter your body when your unwashed hands touch your nose, mouth, or open wounds. *How* you wash your hands is just as important as *when* you wash your hands. Just rinsing them quickly is not enough.

When you wash your hands:

- Use warm, running water (between 110 and 120 degrees Fahrenheit) and soap. Moistened towelettes are **NOT** recommended for routine hand washing.
- Rub hands together for at least 20 seconds.
- Wash all surfaces thoroughly, including wrists, palms, back of hands, fingers and under fingernails (if possible with a nail brush).
- When drying, use a paper towel from a single sheet dispenser. Start at the forearms and work toward your hands and fingertips. Pat your skin rather then rubbing to avoid chapping and cracking. Turn the faucet off with the paper towel. Remember you turned it on with dirty hands. Apply lotion to prevent chapping and cracking.
- Apply hand-washing guidelines to infants, children and adults in the program.
- Young children must be reminded and monitored for correct hand washing to assure effectiveness.

All staff and children should wash their hands...

- Upon arrival for the day.
- When moving from one childcare group to another or coming in from outdoors.

Before and after...

- Eating, handling food, or feeding a child. This includes handwashing after giving food or drink to a child, then giving food or drink to another.
- Treating a cut or wound or tending to someone who is sick.
- Taking a temperature or giving medications.
- Playing in water.
- Inserting or removing a contact lens.

Wash hands after...

- Diapering and toileting a child.
- Handling bodily fluids or items soiled with body fluids (urine, blood, saliva, vomit, stool, discharges from nose, eyes or sores).
- Cleaning.
- Blowing your nose, coughing, sneezing, or assisting a child with these activities.
- Playing outside or playing with a water table.
- Handling pets or other animals.
- Handling uncooked foods, particularly raw meat, poultry or fish.
- Handling garbage.
- Tending to someone who is sick or injured.



OSHA Requirements and Blood borne Pathogens

OSHA stands for the Occupational Safety and Health Administration and is a division of the U.S. Department of Labor. It regulates health and safety standards in the workplace. Blood borne pathogen standards are included in OSHA regulations and early childhood providers are protected by these standards. OSHA requires that all individuals who may come in contact with blood and other potentially infectious materials during their workday be trained on the following:

- ✓ Signs and symptoms of blood borne diseases.
- ✓ Use of Personal Protective Equipment (PPE).
- ✓ Facility-specific policies and procedures.
- ✓ What to do if an exposure occurs.

Blood borne Pathogens

A pathogen is a disease-causing organism (common term for "germ").

A blood borne pathogen refers to a germ that may be present in human blood.

- Blood borne pathogens may be transmitted with any exposure to infected blood or infected body fluid.
- Two pathogens of significant concern are Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).
- A number of other blood borne diseases other than HIV and HBV exist, such as Hepatitis C, Hepatitis D and syphilis.

Universal Body Fluid Precautions is a term for an infection control method. It gives a set of guidelines for individuals who are exposed to body fluids that may contain infectious germs. Since it is impossible to know if an individual is infected with a serious disease, childcare providers should treat each individual as if they are possibly infected then take all necessary precautions to prevent exposure to any serious disease. Early childhood programs can protect themselves and staff members by following these recommendations:

Following are guidelines for universal body precautions:

- Staff should be told about prevention measures including Hepatitis B vaccination series.
- Staff should wear utility gloves, disposable latex gloves, or an approved alternative whenever handling or cleaning up bodily fluids. This includes diaper changes.
- Staff should wash their hands after handling any body fluids, regardless of whether gloves were used in the handling.
- Staff should protect non-intact skin or abrasions on their hands by double gloving when cleaning up any body fluid spills.
- Staff needs to wear personal protective gear whenever they anticipate exposure to bodily fluids. Protective equipment includes: a plastic apron, gloves, goggles and face and splash protection.

Body-Fluid Spills

Any body-fluid spills should be cleaned up immediately and the area disinfected using the appropriate protective equipment and proper disposal of clean up materials.



Cleaning, Sanitizing and Disinfecting

Cleaning -To remove visible dirt, grease, grime, debris, and many germs by washing or scrubbing with soap (detergents) and water, followed by rinsing the soapy area with fresh water.

Sanitizing -To reduce the number of bacteria to a safe level for public health requirements. Use sanitizers on food-related utensils, equipment, surfaces and objects children are likely to insert into their mouths (toys).

Disinfectant - An agent designed to destroy harmful bacteria and other microbes from non-food surfaces and equipment. Disinfectants must be registered with the U.S. Environmental Protection Agency, with a statement to this effect on the label. In order to develop good routine practice, consider the following points about cleaning, sanitizing and disinfecting.

Cleaning, sanitizing and disinfecting schedules must be designated to appropriate staff members or volunteers.



Recipe for Bleach Disinfecting Solution (For use in bathrooms, diapering areas, etc.).

1/4-cup bleach to 1 gallon of cool water OR

1-tablespoon bleach to 1-quart cool water
Add the household bleach (5.25% sodium hypo chlorite) to the water. (Some bleach now comes in a more concentrated form. Adjust the recipe accordingly.)

Recipe for Weaker Bleach Disinfecting Solution (For use on toys, eating utensils, etc.)
1-tablespoon bleach to 1-gallon cool water

Note: Recently, the *Caring for Our Children 2002 Edition* cited standards for cleaning and sanitizing only. Other publications use the terms "sanitize" and "disinfect" interchangeably. For clarification, the author uses the term "sanitize" when items require disinfecting with a weaker solution than when "disinfecting".

Sample Cleaning, Sanitizing, and Disinfecting Schedules²

Use the following table <u>as a guideline</u> to determine which surfaces and the frequency of how and when they are to be cleaned.

CLASSROOM	Clean	Disinfect	Frequency	Who is
				responsible
Countertops/tabletops	X	X	When soiled or at least once daily	
Tabletops/countertops	X	X	Before and after	
used for food	X	X	food is served daily	
Food preparation area			Before and after preparing foods	
Floors	X	X	Daily or when soiled	
Carpet	X		Daily vacuum. When obviously soiled, use carpet cleaner.	
Small Rugs	X		Daily vacuum. Weekly launder	
Indoor sleeping mats	X	Sanitize	Weekly and before used by another child	
Utensils	X	Sanitize	After each use	
Toilet Area	Clean	Disinfect	Frequency	Who is
				responsible
Hand washing sinks	X	X	Daily & when soiled	
Faucets and handles	X	X	Daily & when soiled	
Surrounding counters	X	X	Daily & when soiled	
Toilet bowls	X	X	Daily	
Seats	X	X	Daily or immediately if obviously soiled	
Flushing handles	X	X	Same as above	
Door knobs	X	X	Same as above	
Floors'	X	X	Same as above	
Changing tables	X	X	After each use	
Potty chairs	X	X	After each use. Discourage use.	
TOYS	Clean	Sanitize	Frequency	Who is
				responsible
Indoor Activity	X		Sanitize if contaminated	•
Equipment	W.	G '4'-	A Company I was a Control of the	
Small, mouthed toys	X	Sanitize	After each use & daily	
Larger toys	X		Weekly	
Dress-up clothes	X		After each use or at least weekly	
Hats	X		After each use or at least weekly	
Cubbies	X		After each use or at least weekly	
Cribs	X		After each use or at least weekly	

Clean immediately and disinfect: Any surface contaminated with bodily fluids such as saliva, mucus, vomitus, urine, stools, or blood. Remember to wear gloves.

Kendrick R. Kaufmann, K.P. Messenger, Adapted From: Healthy Young Children A Manual for Programs Washington D.C., 1995

Pest Control

Pest control is an essential part of early childhood programs. Pests can cause injury and disease. Early childhood providers need to establish a pest control plan for their program. Guidelines should include the following:

- Provide screens for windows and doors to prevent pests from entering.
- Do not use over-the-counter preparations and sprays for crawling insects such as roaches, ants and spiders. They leave a harmful residue that can contaminate hands, toys, etc.
- Bait for catching pests must be kept out of children's reach and in tamper-proof boxes.
- Only a certified/licensed pest-control operator should provide extermination with chemicals approved by the EPA.
- A staff member should always accompany the pest control operator to be sure no chemical is applied to surfaces that children can touch.
- Store pesticides away from child activity areas and in non-food service and storage areas. Lock all storage areas. Store chemicals in their original containers.

Proper Diapering

Diaper changing is a high-risk activity that contributes to the spread of germs and many serious diseases. If you choose to care for children in diapers, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that



prevents the escape of stool (feces) and urine. The outer covering and lining should be changed together.

- 1. Get organized.
- 2. Avoid contact with soiled items, and always keep a hand on the child.
- 3. Clean the child's diaper area.
- 4. Remove the soiled diaper without contaminating any surface not already in contact with stool or urine.
- 5. Put on a clean diaper and dress the child.
- 6. Wash the child's hands, and return the child to a supervised area.
- 7. Clean and sanitize the diaper-changing surface.
- 8. Wash your hands and record the diaper change in the child's daily log.

One should never wash or rinse diapers or clothes soiled with fecal material. The risk of splashing and gross contamination of hands, sinks and bathroom surfaces increases the risk that you, other providers, and the children in your care could be exposed to germs that cause infection. All soiled clothing should be bagged in plastic or non-leaking containers and sent home with the child without rinsing. Take time to educate parents about this procedure and why it is important.

Diapering must take place in an area that is separate from food storage, food preparation, and eating area. A smooth nonabsorbent diaper changing surface and a sanitary container for soiled and wet diapers must be available. Wearing gloves for diaper changes is highly recommended, especially if hands are cracked, chapped or when there is a risk of getting feces or urine on your bare skin. Keep nails short, groomed and clean by using a soft nailbrush when washing hands.

Note: Latex gloves have been known to cause an allergic reaction in some children and adults. This must be taken into consideration when purchasing supplies. Vinyl gloves work well as an alternative to latex gloves.

Toilet Training Equipment

Potty chairs are difficult to keep clean and out of reach of children. Small size flushable toilets or modified toilet seats and step aids are preferable. If potty chairs are used for toilet training, keep them only in bathroom areas and out of reach of other potty chairs or toilets.

After each use, the provider should:

- Immediately empty contents of the potty into a toilet.
- Rinse the potty with water used only for custodial cleaning.
- Do not use any sink that is used for handwashing or food preparation to rinse potty chairs.
- Dump rinse water into a toilet.
- Wash and disinfect the potty chair.
- Wash and disinfect the sink and all exposed surfaces.
- Wash your hands thoroughly.





Keeping Foods Safe

Infants and children are at high risk for foodborne illness because their immune systems are still developing. In addition, they produce less of the acid in their stomachs that kills harmful bacteria, so it is easier for them to get sick!



Tips for Keeping Foods Safe:

- Clean hands and surfaces.
- Keep foods separate in the refrigerator.
- Chill foods properly.
- Cook food to the proper temperature.

Other food-handling precautions are:

- Use the microwave properly. Sometimes foods do not cook evenly, leaving undercooked spots in food where bacteria and viruses can grow. Bottles of milk, formula, breast milk or baby food should never warmed in the microwave.
- Avoid eating certain raw foods This includes uncooked cookie dough, cake batter, or anything else that has raw eggs in it.
- Avoid eating expired foods Check expiration dates and rotate your food so that you use the oldest food items first. Discard any foods beyond the expiration date.

Safe Bottle Feeding

- Keep everything clean. Clean and disinfect reusable bottles, bottle caps, and bottle nipples before every use. Do this by washing them in a dishwasher or boiling them for at least 5 minutes and allow cooling before filling them.
- Use breast milk and formula that are safe. Be sure to use the breast milk or formula intended for each child.
- Label all bottles with the date of preparation and name of the child. Never give a bottle prepared for one child to another child.
- Discard contents left in a bottle after feeding.



Breast Milk Storage Guidelines

Breast milk is often referred to as "liquid gold", and parents may be upset by a policy that requires discarding leftover milk. It may be helpful to educate parents by telling them saliva from the infant's mouth passes into the contents of the bottle during feeding. Certain enzymes in saliva begin to break down the milk for digestion. Bacteria from the infant's mouth may also contaminate the milk. Have the parent package the breast milk in containers that hold the minimum amount the baby usually eats. Have the parent supply you with extra milk that may be used if the baby is still hungry.

Educate parents about the following:

- Store breast milk in a clean, hard plastic or glass bottle or a disposable nursing bag.
- Do not add warm milk to already cooled milk. Cool the milk first and then add to already cooled milk.
- Put only enough milk for one feeding in each container. Do not overfill allow some room in the container because breast milk expands when it is frozen.
- Label the container with the date pumped and the name of the child to whom it is to be given.
- Breast milk must be refrigerated after pumping. If the breast milk will not be used within the next 48 hours, it should be frozen.
- Breast milk can be frozen in the freezer section of a refrigerator for 2-3 months and in a deep freeze for about 6 months.

Prepare breast milk using the following guidelines:

- Warm *refrigerated* breast milk by placing the container in a container of luke warm tap water until it is at room temperature. This should take about 10 minutes.
- Thaw *frozen* breast milk by placing the container in the refrigerator until thawed (about 12 hours), or gently shake the container of breast milk while holding it under warm tap water. Thawed breast milk should be used within 24 hours.
- Do not thaw breast milk by leaving it at room temperature. Never defrost breast milk in the microwave oven or on the stovetop. These methods can destroy nutrients and protective factors in the breast milk, and can cause serious burns.
- Throw away any milk the baby does not drink. Don't save it for later.
- Do not re-freeze breast milk after it has been thawed.

Foods Brought from Home

Every early childhood provider should develop a written policy about food brought from home. Parents should be given a copy of this policy when they enroll their child in your childcare program. Foodborne illness and poisoning can result from food that is improperly prepared or stored.



If parents provide the food for their child to eat each day, you should make sure that:

- Each individual child's lunch brought from home is clearly labeled with the child's name, the date, and the type of food.
- The food is stored at an appropriate temperature until eaten.
- The food brought from one child's home is not fed to another child.
- Children do not share their food.

Food brought from home must meet the child's nutritional requirements. If you notice that the meal provided by the parents for a child is not nutritionally complete, you should supplement it with food you have on hand and refer the child's parents to their health care professional for nutrition information and meal planning advice.

Treats from Home

Sometimes, particularly for birthdays or other special occasions, parents may want to bring a food treat, such as cake, cupcakes, or other "party" food to share with all the children at your facility. Tell the parents that food brought into the childcare setting to celebrate these special occasions should be bought at a store or restaurant



approved and inspected by the local health authority. Many institutional outbreaks of gastrointestinal illness, including hepatitis A, have been linked to eating home-prepared foods. Tell parents that your policy will protect all the children in your care from such foodborne illnesses.

For more information on foodborne illnesses, turn to Appendix A

Why Is Infant Nutrition Important?

Nutrition is important because:

- Nutrition affects growth, learning, social and emotional needs and the development of trust.
- The brain reaches 60% 80% of full growth in the first year.
- A baby's weight triples by the first year, and length increases by 50%.

Nutrition is an essential part of quality early childhood programs. Nutritious foods that are colorful and taste good contribute to a child's sense of well-being. As a result of early eating experiences, a child develops lifelong eating habits. As an early childhood provider, you must know about the nutritional requirements of children and how to provide a nutritious diet in a pleasant and relaxing atmosphere.

Infants experience more changes in diet during their first year than at any other time of their life. They quickly progress from sucking a bottle or breastfeeding to feeding themselves table foods.

Nutrition for Infants 0 - 3 Months

The following feeding guides are to be used as a <u>range</u>. It is important to adjust the baby's feeding amount and schedule according to their cues, wants and needs.

- Feed the baby 2 to 3 ounces of breast milk or formula every 1 1/2 to 3 hours.
- Breast milk is best. Breast milk has the nutrients of protein, fat and water in exact proportions to provide the optimum nutritional needs of the infant. Encourage mothers to breast feed by letting them know you are willing to care for breast fed babies. Breast fed infants may need to eat more often than formula fed babies. This is natural because of the difference in the two milks
- Until 4-6 months, infants are not physically ready to accept or digest any foods except breast milk or formula. Do not add cereals, fruits or vegetables until directed by a physician to do so.
- All babies, whether fed breast milk or formula, should have at least six wet diapers per
 day. Stools of breast fed babies are a light yellow and curd like. It is common for a
 breast fed infant to have a bowel movement after every feeding. Formulas fed infants
 have a firmer, darker stool and have bowel movements less often than breast milk fed
 infants.

• Never prop a bottle or allow a baby to go to sleep with a bottle in his/her mouth. For comfort and safety, always hold infants while they are nursing from a bottle. This will also help prevent ear infections and early tooth decay.

Nutrition for Infants 4 - 5 Months

Continue to feed the baby about 5 ounces of breast milk or formula every 2 1/2 to 4 hours. In addition, the baby may be ready for 1 - 4 tablespoons of iron fortified infant cereal mixed with breast milk or formula. The baby will be ready for the introduction of cereal when he/she:

- Is between 4 and 6 months of age.
- Holds his/her head up.
- Can sit with minimal support.
- Acts interested in foods you are serving or eating.
- Doesn't push food out with tongue as he/she tries to swallow.
- Leans forward for food when hungry and turns head away or leans back when full.

Remember, a provider should not introduce solids or new foods without first consulting with the baby's parents. In addition, providers should never put cereal in a bottle or infant feeder.

Use the following guidelines when introducing infant cereal to babies:

- Start with iron-fortified rice cereal when starting a baby on solids. Do not feed the baby mixed cereals, cereals with fruit, high protein cereals, or cereal without iron.
- Feed the baby with a small spoon. An infant who is not ready to accept a spoon is not ready for solid foods.
- Remember, the baby is the best judge of how and when he/she needs to eat.
- Never force the baby to eat.

Nutrition for Infants 6 - 8 Months

An infant between 6 - 8 months of age should drink breast milk or formula, about 5 - 8 ounces every 3 - 4 hours. At this age, parents may choose to begin adding more texture and variety to a baby's diet if the baby is ready. Go slowly and introduce one new food at a time. Watch for signs of allergies (skin rashes, vomiting or diarrhea). If the baby does not like a new food, wait and try it again another day.

- Consult with parents before trying new foods.
- Encourage parents to use juices high in vitamin C.
- Start with plain vegetables and plain fruit such as green peas, potatoes, carrots, beans, squash, beets, sweet potatoes, bananas, pears, applesauce, apricots, or peaches.
- Start with a small amount of each new food (1tsp.) and slowly increase serving size.
- Offer the same food for 3 to 5 days. Add one new food at a time.
- Offer juice (no more that 4 oz. a day) or water from a cup at meals at about 6 months old. Do not give babies soda pop, punch or other sugary liquids.

Nutrition for Infants 9 - 12 Months Old

Feed 6 - 8 ounces of breast milk or Iron fortified infant formula about 4 times a day, plus a variety of foods daily such as:

Iron fortified infant cereal Eggs - yolk only
Fruit juices Meat - 1-2 Tbsp.
Vegetables & fruits Dairy Foods
Finger foods Legumes

- It is important to feed babies when they indicate they are hungry. Avoid placing a baby on a rigid feeding schedule.
- Arrange a back-up plan with breastfeeding moms in case you run out of expressed breast milk while the baby is in your care.
- Provide a supportive environment for moms who wish to drop in to breastfeed their babies during the workday.

Toddler 1 - 2 Years

- Toddlers need to expand the variety of foods they began in infancy. Encourage them to finger feed themselves and to learn to use a spoon and a cup.
- Children at this age don't grow as fast as they did during the first year of life. Their appetites often decrease because of this. Serve toddlers small amounts. If they finish their food and are still hungry, give them more. The serving size is about 1/4 the size of an adult or about a tablespoon per year of age. Do not force food on any child.
- Use whole milk only after one year. Do not use low fat, skim or reconstituted nonfat dry milk, unless you have written instructions from the child's parent and a health care provider. These products do not provide the necessary fat content requirements for proper brain development.

• Do not let young children drink so much milk that they do not eat. Their primary nutrition should come from foods.

Preschoolers 3 - 5 years

Children at this age imitate adults as they develop their own skills. If you want the children in your care to eat their vegetables, eat yours and enjoy them. If a child refuses to eat vegetables, offer the child fruits that contain many of the same vitamins and minerals. Keep serving foods that are not accepted at first by preparing them in different ways and try again.

• Set limits for the children and help them learn good behavior at the table. Teach them polite ways to refuse food. Sit with the children, encourage conversation, and give help when it is needed

School Age Children 6 Years and Older

Older children grow steadily and have a natural increase in appetite. Children at this age learn about where food comes from and how it is prepared. Most enjoy helping to prepare food. This is useful with new foods. Children are more likely to eat food they have helped prepare.

Environment for Promoting Nutrition

Provide a pleasant, relaxing atmosphere at mealtime. Children need a pleasant and relaxing social environment when they eat.

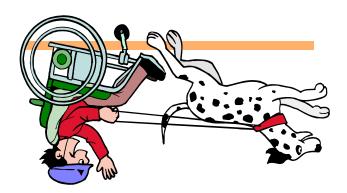
- Involve children in setting the table, serving the food and cleanup.
- Young children like to be involved with what is going on around them. Children can help with setting the table, serving the food and cleaning up.
- Allow children to feed themselves, if appropriate, even if they make a mess. They need to explore the foods they are eating. This does not mean letting them play in their food. Play may indicate they are no longer interested in their food.
- Children should be given utensils appropriate for their size and developmental age to learn how to correctly use them.
- Furniture should also be of appropriate size for the child's developmental age.
- Insist that children sit down while they eat. This will reduce the risk of choking. Do not allow children to eat while watching TV, walking, running, playing, lying down or riding in the car. This also helps children learn that eating is an important activity that should not be done while doing other things.

Nutrition for Children with Special Health Care Needs

Children may have special needs because of food allergies, diabetes mellitus, developmental disabilities, swallowing problems, lack of coordination and many other conditions. Plan meals carefully for children who have special needs.

- Make plans before the child is placed in your care.
- Enlist the help of parents, dieticians, primary health care providers, therapists and a child care health consultant. Depending on the child's individual need, the plan may need to cover:
 - Food types, amounts and consistency.
 - Frequency of feeding.
 - Special dishes such as scoop bowls, or utensils such as coated spoons.
 - Special equipment or furniture.
 - Ways to encourage the child to eat enough.
 - Medication to be included during mealtime, if applicable.
- Check the meal plan to be sure it is complete.
- Make feeding time as pleasant as possible. The person feeding a child with special needs should smile and talk to the child to make the child feel safe, loved and content.

Sometimes feeding children with special health care needs requires extra patience. Offer the child small bites, and allow the child time to thoroughly chew and swallow food between bites.



Indicators of Emotional Well-Being in Young Children

Emotional development is the foundation for all other areas of development. The fuel for emotional development comes from the quality of the parent/child relationship. Without emotional development, the child's ability to walk, talk, play and form relationships will be affected. Indicators of positive mental health in young children and families are as follows:

- Capacity for warm, trusting relationships with other children and adults after an appropriate "getting to know you" period.
- Positive self-esteem: A feeling that they can be effective in their world.
- Developmentally appropriate control of impulses and behavior.
- Family members verbally express their needs, feelings and ideas.
- Children demonstrate the beginnings of empathy and compassion.
- Families and children learn to deal with loss and limitations in an appropriate manner.
- Adults and children acquire skills to focus, concentrate and plan as a basis of learning.
- Adults are in charge adult family members are leaders and models; they make and gently, but firmly, enforce family rules.
- Children feel valued as though they belong children have opportunities to participate and contribute to family life and are encouraged to spend time with and share meaningful talks with adults who are important to them.
- Change is expected; flexibility is present to a degree.
- Outside help is used when necessary.

Very young children have four kinds of needs. They are:

- 1. <u>Health.</u> Infants and toddlers' families need affordable, accessible and regular health care for their children.
- 2. <u>Unhurried time.</u> Infants and toddlers need unhurried time with a limited number of caring adults. This is another reason for limiting the number of children cared for by one provider.
- 3. <u>Responsive care giving.</u> Infants and toddlers need adults who are responsive to their developmental needs. Early childhood providers and staff should be prepared to help parents learn how to support this type of development.
- 4. <u>Safe Environment.</u> Infants and toddlers deserve to be raised in settings that are free of danger, violence, disease, overcrowding and stress.

-NOTES-